## **COMPLAINT REPORT**

41-016 (REV. 2/01)							DATE SUBI	MITTED		TIME		
WHERE	LOCATIO	ON WHERE THE F	ROBLEM/C	OMPLAINT	OCCURRE	D						
ADDRESS	TELEPHONE NO.											
CITY					COL	JNTY						
WHEN	HEN DATE			TIME								
WHAT DESCRIBE COMPLAINT IN			DETAIL		<u> </u>							
	<u> </u>											
			T									
			DESCRIBE THE PERSON									
WHO ASSISTED YOU												
AT T	HE LOCA	ATION	SEX	RACE	AGE	HEIGHT	WEIG	SHT	HAIR	EYE		
			DISTINGUISI	HING CHARAC	CTERISTICS				ı			
	DESCRIBE THE PERSON											
WHO DID	WHO DID YOU COMPLAIN TO			NAME								
	HE LOCA		SEX	RACE	AGE	HEIGHT	WEIG	SHT	HAIR	EYE		
				DISTINGUISHING CHARACTERISTICS								
HAVE YOU CO	ONTACTED	ANY OTHER AG	I SENCY: CO	ONSUME	R OR LEG	AL? 「	YES		] NO			
IF YES, WHO:												
	ACT THE BU YES	JSINESS, DO YO ☐ NO	U WANT \	OUR NAI	ME KEPT (	CONFIDE	ENTIAL?					
	ILO											
	LIKE TO BE	INFORMED WI	TH THE RE	ESULT OF	FOUR INV	ESTIGAT	HON/AC	HVII	IES?			
Ш	LIKE TO BE	INFORMED WI	TH THE RE	ESULT OF	OUR INV	ESTIGAT	ION/AC	HIVII	IES?			
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	YES		TH THE RE	ESULT OF	OUR INV	ESTIGAT	ION/AC	HIVII	IES?			
	YES	□ NO	TH THE RE	ESULT OF	OUR INV	ESTIGAT	ION/AC	IIVII	IES?			
IF YES, PL	YES	NO NAME	TH THE RE	ESULT OF	OUR INV	ESTIGAT	ION/AC	ZIF				
IF YES, PL	YES	NO NAME	TH THE RE	ESULT OF		ESTIGAT	FA FA	ZIF				